## 5020094025

FE5AN018

## REPORT OF RECEIPTS AND DISBURSEMENTS

RECYTVED SENALE PUBLIC RECORD

15 FEB -5 PM 2: C8

FURIVI 3	For An Authorized Committee		Office Use Only		
NAME OF COMMITTEE (in	TYPE OR	PRINT V	Example: If typing, type over the lines.	12FE4M5	
FRIENDS OF	CHRIS MCDAN	1	<u> </u>		
		 	1 1 1 1 1 1 1 1 1 1		
ADDRESS (number ar	1 1 1	FICE BOX 125			
Check if di	fferent				
than previo	usly <sub>I</sub> LAUREI			MS 39441	-
	CATION NUMBER •	CIT	Y <b>A</b>	STATE	ZIP CODE A STATE ▼ DISTRICT
C C005506	57	3. IS TH REPC	rai .	AMENDED (A)	MS 00
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1)		(b) 12-Day	(b) 12-Day PRE-Election Report for the:  Primary (12P)  General (12G)  Convention (12C)  Special (12S)		
	July 15 Quarterly Report (Q2)  October 15 Quarterly Report (Q3)		on on	, <u></u>	in the State of
<b>X</b> January	y 31 Year-End Report (\	(c) 30-Day	y POST-Election Report for the	e: Runoff (30R)	Special (30S)
Termina	ation Report (TER)	Electi	on on	/ <del>************************************</del>	in the State of
5. Covering Period	M M M / D M 2	2014	through 12	31 / 🔻	2014
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.					
Type or Print Name of Treasurer MELANIE SOJOURNER					
Signature of Treasurer  MELANIE SOJOURNER  Date  MUM  1 30  1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.					
Office Use Only					EC FORM 3 Revised 02/2003)